

APPLICATION FOR  
NAVY CONTRACT POSITIONS  
10 February 2003

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 12:00 PM EST ON OR BEFORE **4 March 2003**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ACQUISITION MANAGEMENT DEPARTMENT  
ATTN: Code 220  
1681 NELSON STREET  
FORT DETRICK MD 21702-9203

E-MAIL: [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil)  
IN SUBJECT LINE REFERENCE: "CODE 220"

A. NOTICE. This position is set aside for individual Neurologist only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract, an individual who is board certified by the American Board of Sleep Medicine. This individual must also (1) meet all the requirements contained herein; (2) be eligible for clinical privileges and (3), competitively win this contract award (See Sections D. and E.).

Services shall be provided in the Department of Psychiatry and Neurology of the Navy Medical Center, San Diego, CA.

You shall be on duty in the assigned clinical area for 20 hours each week; between the hours of 0730 and 1630. You shall normally provide services for a 4 hour period, Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue four hours of personal leave *per 40 hour period worked*. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence for the number of hours you would have normally worked. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

## II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commander, Naval Medical Center, San Diego, CA, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You shall perform a full range of Sleep Medicine services for medical staff, support personnel, inpatients and outpatients in support of the Sleep Lab Department using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Administrative and Training Requirements

1.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students and residents) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol.

1.2. Perform necessary administrative duties that include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

1.3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

1.4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

1.5. Participate in the implementation of the Family Advocacy Program as directed.

1.6. Perform necessary administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

2. SPECIFIC DUTIES/RESPONSIBILITIES OF SLEEP PHYSICIANS ARE AS FOLLOWS:

2.1. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and

medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the contract.

- 2.2. Provide a full range of Sleep Medicine procedures as identified in Attachment VI. Diagnose, treat, and counsel patients as indicated.
- 2.4. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
- 2.5. Supervise and teach other medical staff and provide educational lectures and participate in the provision of in-service training to clinic staff members and residents. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.
- 2.6. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
- 2.7. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 2.8. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 2.9. Participate in peer review and performance improvement activities.
- 2.10. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
- 2.11. Complete continuing education to meet own professional growth and specialty standards.
- 2.12. Participate in peer review and performance improvement activities.
3. Credentialing and Privileging
  - 3.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide at:  
<http://navymedicine.med.navy.mil/instructions/default.asp?iPageNum=4&sort=id&desc=1>
  - 3.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, that individual's performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to the health care worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.
4. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:
  - 4.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
  - 4.2. The regulations and standards of professional practice of the treatment facility, and
  - 4.3. The bylaws of the treatment facility's professional staff.
- D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
  2. Possess board certification in Sleep Medicine as determined by the American Board of Sleep Medicine.
  3. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
  4. Experience as Sleep Physician of at least 24 consecutive months, post residency, within the preceding 36 months.
  5. Have documentation of current Drug Enforcement Agency (DEA) number.
  6. Possess certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio-Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.
  7. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a supervisor. The other two letters must be from either clinic or hospital administrators, or practicing physicians. Reference letters shall attest to the quality and quantity of experience including, but not limited to, the communication skills between physician and patient and among peers, and must include name, title, phone number, date of reference, address and signature of the individual providing reference.
  8. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment III.
  9. Represent an acceptable malpractice risk to the Navy.
- E. Factors to be used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.
1. Quality and Quantity of experience as it relates to the duties contained herein. This may include additional subspecialty certification related to the practice of neurology, then,
  2. The letters of recommendation required in item D.7, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
  3. Candidates with prior medical experience in a DOD facility may receive a higher ranking, then,
  4. Total Continuing Education hours.
- F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:
1. \_\_\_\_\_ A completed, "Personnel Qualification Sheet" (Attachment I)
  2. \_\_\_\_\_ A completed Pricing Sheet (Attachment II)
  3. \_\_\_\_\_ Proof of employment eligibility documentation (Attachment III)
  4. \_\_\_\_\_ Two or more letters of recommendations per paragraph D.7. above.
  5. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment IV)
  6. \_\_\_\_\_ Small Business Representation (Attachment V)

\*Please answer every question on the " Personal Qualifications Sheet - Neurologist". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for Neurologist is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-2151.

We look forward to receiving your application.

## ATTACHMENT I

## PERSONAL QUALIFICATIONS SHEET – NEUROLOGIST

**A. General Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Last First Middle  
 Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

**B. Medical Information**YES NO

- |   |       |       |
|---|-------|-------|
| 1. Do you have any physical handicap or condition that could limit your clinical practice?                      | _____ | _____ |
| 2. Have you been hospitalized for any reason during the past 5 years?   | _____ | _____ |
| 3. Are you currently receiving or have you ever received formal mental health therapy?                          | _____ | _____ |
| 4. Do you currently have, or in the past have you ever had, an alcohol dependency?                              | _____ | _____ |
| 5. Are you currently receiving, or have you in the past ever received, therapy for any alcohol related problem? | _____ | _____ |
| 6. Have you ever been unlawfully involved in the use of controlled substances?                                  | _____ | _____ |
| 7. Are you currently receiving, or have you in the past ever received, therapy for any drug-related condition?  | _____ | _____ |

C. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. You must acknowledge this requirement by signing below.

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)

**II. PROFESSIONAL****A. Advanced Education.****1. Medical School:**

a. Name of Accredited School	Date of Training (From)      (To)
_____	_____
b. Type of Degree: _____	
c. Location and Address of School:	
_____	
_____	
d. Name of Accredited School:	Date of Training (From)      (To)
_____	_____
e. Type of Degree: _____	
f. Location and Address of School:	
_____	
_____	

**2. Additional Education:**

a. Name of Accredited School:	Date of Training (From)      (To)
_____	_____
b. Type of Degree: _____	
c. Location and Address of School:	
_____	
_____	
d. Name of Accredited School:	Date of Training (From)      (To)
_____	_____
e. Type of Degree: _____	
f. Location and Address of School:	
_____	
_____	

**3. Continuing Education:**

Title of Course	From	To	CE Hours
_____			
_____			
_____			
_____			
_____			



[illegible]

## 4. Certifications

7. Certifications	YES	NO
BLS Level C Expiration Date: _____	_____	_____
NRP Expiration Date: _____	_____	_____
ACLS Expiration Date: _____	_____	_____
ATLS Expiration Date: _____	_____	_____
Other: Expiration Date: _____	_____	_____

**B. Professional Employment.** List your current and preceding employers for the past 5 years:

1. Name and Address of Present Employer(s):

From: \_\_\_\_\_ To: \_\_\_\_\_

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name and Address of Preceding Employers for the last 5 years:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Position/Title:

From: \_\_\_\_\_ To: \_\_\_\_\_

2. Name and Address of Preceding Employers for the last 5 years (continued):

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Position/Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

e. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

f. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

g. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**3. List military experience providing medical services:**

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**4. Provide an explanation of any gaps in employment within the time specified in B above on a separate sheet of paper.**

**5. Are you currently employed on a Navy contract? If yes, where is your current contract and what is the position?** \_\_\_\_\_

**6. List prior experience teaching or proctoring residents in graduate medical education settings.**

Name of Medical Facility	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. Membership in professional organizations that promote your specialty:**

	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. Practice Information:**

	Yes	No
1. Have you ever been the subject of a malpractice claim?	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case?	_____	_____
3. Have you ever had your professional license revoked?	_____	_____
4. Have you ever voluntarily surrendered your professional license?	_____	_____

**If any of the above is answered "yes" attach an explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above. List the issuing State of the revocation/voluntary surrender for numbers 3 and 4 above.**

**E. Licensure (to include all medical licenses held)**

1. License Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Drug Enforcement Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. Enhancing Factors**

Those items that may enhance the ranking of a candidate, as described in the cover memorandum, shall be attached to this application. This includes letters of recommendation and other such documentation.

**PRIVACY ACT STATEMENT**

Under 5 U.S.C. 552a and Executive Order 9397, the above information is requested for use in the consideration of a contract. Disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ATTACHMENT II

PRICING SHEET  
PERIOD OF PERFORMANCE

Services are required from 12 May 2003 through 30 September 2003. Four option periods will be included which will extend services through 30 September 2007, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

## PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Neurologist in the San Diego, CA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of one Neurologist at the Naval Medical Center, San Diego in accordance with this Application and the resulting contract.				
0001AA	Base Period; 12 May 03 thru 30 Sep 03	816	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2088	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2088	Hour	_____	_____
TOTAL CONTRACT					_____

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ATTACHMENT III

LISTS OF ACCEPTABLE DOCUMENTS  
SUBMIT ONE FROM LIST A

## LIST A

## Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

## LIST B

## Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card

## LIST C

## Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

5. U.S. Military card or draft record

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant  
Mariner Card

8. Native American tribal document

9. Driver's license issued by a  
Canadian government authority

For persons under age 18 who  
are unable to present a  
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident  
Citizen in the United States  
(INS Form I-179)

7. Unexpired employment  
authorization document issued  
by the INS (other than those  
listed under List a).

## ATTACHMENT IV

CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-2151 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command  
ATTN: Code 22 O  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date CCR Form was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## ATTACHMENT V

## SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

**Section A.**

- ☐ ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

**Section B**

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

\_\_\_ Black American.

\_\_\_ Hispanic American.

\_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

\_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

\_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).



## Attachment VI

## SLEEP MEDICINE PROCEDURES

- Provide comprehensive examination, consultation, diagnosis, and treatment of patients with sleep disorders.

Reading and diagnostic interpretation of sleep studies to include:

- Full polysomnography
- Nasal CPAP/BIPAP titration studies.
- Home Screening (cardiopulmonary) status
- Multiple Sleep Latency Testing (MSLT)
- Maintenance of Waterfilter Testing (MWT)
- Actigraphy

Additional Procedures:

- Invasive monitoring procedures including intracranial pressure monitoring, central venous pressure lines, intra-arterial pressure lines, and Swan Ganz catheters
- Intrathecal administration of medication
- Lumbar puncture
- Electroencephalography, both recording and interpretation
- Electromyography and nerve conduction velocity studies
- Evoked potentials: auditory, visual, and somatosensory

Supplemental Procedures

- Cisterna magna and high cervical vertebral interspace puncture
- Muscle biopsy
- Myelography
- Transcutaneous angiography of the cerebral vessels